

1.) CORPORATION NAME:

**DOLLAR TREE DISTRIBUTION, INC.**

DUE DATE: **12/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
WILLIAM A. OLD, JR.  
1700 Dominion Tower  
999 Waterside Drive**

SCC ID NO: **04376604**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

**Norfolk, VA 23510**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**NORFOLK CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 VOLVO PKWY

CITY/ST/ZIP: CHESAPEAKE, VA 23320-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	TITLE:	ADDRESS:	CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
STEPHEN W WHITE	PRESIDENT	500 VOLVO PKWY	CHESAPEAKE, VA 23320-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KEVIN WAMPLER	VICE PRESIDENT	500 VOLVO PARKWAY	CHESAPEAKE, VA 23320-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROGER DEAN	VP/T	500 VOLVO PARKWAY	CHESAPEAKE, VA 23320-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DOUGLAS R DREWS	VICE PRESIDENT	500 VOLVO PARKWAY	CHESAPEAKE, VA 23320-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JONATHAN L ELDER	VICE PRESIDENT	500 VOLVO PARKWAY	CHESAPEAKE, VA 23320-	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME:	JAMES E FOTHERGILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	JAMES A GORRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SEC		
ADDRESS:	500 VOLVO PKWY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	DEAN M JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	KATHLEEN MALLAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	DEBORAH E MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	BRUCE PAOLINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	CATHY J EICHELBAUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	SHAWN TA TOTTE N	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	BOB SASSER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN OF BOARD		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		
NAME:	GARY PHILBIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 VOLVO PARKWAY		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ CATHY J EICHELBAUM</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CATHY J EICHELBAUM, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>11/14/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.